



Lincoln Police Department
Thomas K. Casady, Chief of Police
575 South 10th Street
Lincoln, Nebraska 68508

402-441-7204
fax: 402-441-8492



MAYOR CHRIS BEUTLER

lincoln.ne.gov

August 27, 2010

Mayor Beutler and City Council
City of Lincoln
City County Building
Lincoln, NE

Mayor Beutler and Members of the City Council:

An investigation has been made regarding the application of Brix & Stone Gastropub, 803 'Q' Street requesting a class C/K liquor license.

This location was previously known as Crabby Bill's which held a liquor license

Marci Davison, owner has requested that he be approved as the manager of the liquor license.

Background information on the applicant will be omitted as Ms. Davison is a currently approved liquor license manager.

The required training has been completed.

A copy of the liquor license application has been included for your review.

If this application is approved, it should be with the understanding that it conforms to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.

THOMAS K. CASADY, Chief of Police



A nationally accredited law enforcement agency



PREMISE INFORMATION

Trade Name (doing business as) Brix & Stone Gastropub ~~etc~~
Street Address #1 803 Q St. #150^{suite}
Street Address #2 _____
City Lincoln County Lancaster #2 Zip Code 68508
Premise Telephone number ~~NA @ this time (cell 308-289-3289)~~ 402-438-0190

Is this location inside the city/village corporate limits:



YES



NO

city

Mail address (where you want receipt of mail from the commission)

Name Katherine Davison

Street Address

#1 PO 337

Street Address

#2 820 N. Spruce St.

City Ogallala

State Ne

Zip Code 69153

DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED

In the space provided or on an attachment draw the area to be licensed. This should include storage areas, basement, sales areas and areas where consumption or sales of alcohol will take place. If only a portion of the building is to be covered by the license, you must still include dimensions (length x width) of the licensed area as well as the dimensions of the entire building in situations. No blue prints please. Be sure to indicate the direction north and number of floors of the building.

****For on-premise consumption liquor licenses minimum standards must be met by providing at least two restrooms**

no basement

one story building approx — x —

including sidewalk cafe

APPLICANT INFORMATION

1. READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY.

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

☐ YES ☒ NO

If yes, please explain below or attach a separate page.

2. Are you buying the business and/or assets of a licensee?

☒ YES ☐ NO

If yes, give name of business and license number ~~Comments~~ (#78447 Crabby Bills)

a) Submit a copy of the sales agreement including a list of the furniture, fixtures and equipment.

b) Include a list of alcohol being purchased, list the name brand, container size and how many?

3. Are you filing a temporary agency agreement whereby current licensee allows you to operate on their license?

☒ YES ☐ NO

If yes, attach temporary agency agreement form and signature card from the bank.

This agreement is not effective until you receive your three (3) digit ID number from the Commission.

4. Are you borrowing any money from any source to establish and/or operate the business?

☒ YES ☐ NO

If yes, list the lender Pinnacle Bank Ogallala, Ne

5. Will any person or entity other than applicant be entitled to a share of the profits of this business?

☐ YES ☒ NO

If yes, explain. All involved persons must be disclosed on application.

6. Will any of the furniture, fixtures and equipment to be used in this business be owned by others?

☐ YES ☒ NO

If yes, list such items and the owner.

7. Will any person(s) other than named in this application have any direct or indirect ownership or control of the business?

☐ YES ☒ NO

If yes, explain.

No silent partners

8. Are you premises to be licensed within 150 feet of a church, school, hospital, home for the aged or indigent persons or for veterans, their wives, children, or within 300 feet of a college or university campus?

☐ YES ☒ NO

If yes, list the name of such institution and where it is located in relation to the premises (Neb. Rev. Stat. 53-177)

9. Is anyone listed on this application a law enforcement officer?

☐ YES ☒ NO

If yes, list the person, the law enforcement agency involved and the person's exact duties

10. List the primary bank and/or financial institution (branch if applicable) to be utilized by the business and the individual(s) who will be authorized to write checks and/or withdrawals on accounts at the institution.

Pinnacle Bank Steve, Katherine & marci Davison Jeremy Behn - asst. manager (chef)

11. List all past and present liquor licenses held in Nebraska or any other state by any person named in this application. Include license holder name, location of license and license number. Also list reason for termination of any license(s) previously held.

Carmela's Bistro & Wine Bar (still operating) Lincoln
Stage Coach Steakhouse (still operating) Ogallala

12. List the training and/or experience (when and where) of the person(s) making application. Those persons required are listed as followed:

- a) Individual, applicant only (no spouse)
b) Partnership, all partners (no spouses)
c) Corporation, manager only (no spouse)
d) Limited Liability Company, manager only (no spouse)

Name:	Date:	Where:
<u>Steve Davison</u>	<u>2007-08</u>	<u>Golden Spur Ogallala</u>
<u>Marci</u>		
<u>" "</u>	<u>2008-present</u>	<u>Carmela's Bistro</u>

13. If the property for which this license is sought is owned, submit a copy of the deed, or proof of ownership. If leased, submit a copy of the lease covering the entire license year. Documents must show title or lease held in name of applicant as owner or lessee in the individual(s) or corporate name for which the application is being filed.

☒ Lease: expiration date July 31 2017
☐ Deed
☐ Purchase Agreement

14. When do you intend to open for business? August 27, 2010

15. What will be the main nature of business? Food & drink

16. What are the anticipated hours of operation? 11 am to 1 pm

17. List the principal residence(s) for the past 10 years for all persons required to sign, including spouses. If necessary attach a separate sheet.

RESIDENCES FOR THE PAST 10 YEARS, APPLICANT AND SPOUSE MUST COMPLETE					
APPLICANT: CITY & STATE		YEAR FROM TO		SPOUSE: CITY & STATE	
		FROM	TO		
<u>Steve Davison Ogallala</u>		<u>1984</u>	<u>present</u>		
<u>Katherine Davison "</u>		<u>1984</u>	<u>present</u>		
<u>marci Davison Lincoln</u>		<u>1997</u>	<u>2007</u>		
<u>marci Ogallala</u>		<u>2007</u>	<u>2008</u>		

" Lincoln 2008-present

The undersigned applicant(s) hereby consent(s) to an investigation of his/her background investigation and release present and future records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant(s) and spouse(s) waive(s) any right or causes of action that said applicant(s) or spouse(s) may have against the Nebraska Liquor Control Commission, the Nebraska State Patrol, and any other individual disclosing or releasing said information. Any documents or records for the proposed business or for any partner or stockholder that are needed in furtherance of the application investigation of any other investigation shall be supplied immediately upon demand to the Nebraska Liquor Control Commission or the Nebraska State Patrol. The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete, inaccurate or fraudulent.

Individual applicants agree to supervise in person the management and operation of the business and that they will operate the business authorized by the license for themselves and not as an agent for any other person or entity. Corporate applicants agree the approved manager will superintend in person the management and operation of the business. Partnership applicants agree one partner shall superintend the management and operation of the business. All applicants agree to operate the licensed business within all applicable laws, rules regulations, and ordinances and to cooperate fully with any authorized agent of the Nebraska Liquor Control Commission.

Must be signed in the presence of a notary public by applicant(s) and spouse(s). If partnership or LLC (Limited Liability Company), all partners, members and spouses must sign. If corporation all officers, directors, stockholders (holding over 25% of stock and spouses). Full (birth) names only, no initials.

RECEIVED

AUG 11 2010

Signature of Spouse

**NEBRASKALIQUOR
CONTROL COMMISSION**

Signature of Spouse

Signature of Spouse

Signature of Spouse

Signature of Spouse

Signature of Applicant

Signature of Applicant

Signature of Applicant

Signature of Applicant

Signature of Applicant

State of Nebraska

County of Douglas

The foregoing instrument was acknowledged before me this 8-10-2010 by

Katherine K. Davidson

Bonnie Allen

Notary Public signature

County of Lancaster

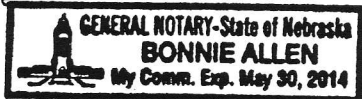
The foregoing instrument was acknowledged before me this 8-11-2010 by

Steven L. Davison

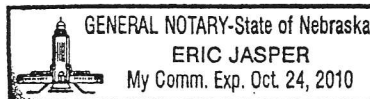
Eric Jasper

Notary Public signature

Affix Seal Here



Affix Seal Here



in compliance with the ADA, this manager insert form 3c is available in other formats for persons with disabilities. A ten day advance period is required in writing to produce the alternate format.

**APPLICATION FOR TEMPORARY
OPERATING PERMIT (T.O.P.)**

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.lcc.ne.gov

Office Use

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**NEBRASKA LIQUOR
CONTROL COMMISSION**

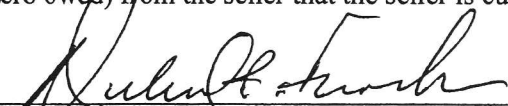
- This application may be submitted along with a completed application for liquor license
- Agreement is effective upon issuance of a Temporary Operating Permit (T.O.P.)
- Agreement is effective up to 90 days from issuance of T.O.P., no extensions

TOP# _____

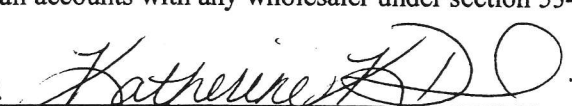
On (date) _____ seller and buyer entered into a contract for sale of the business known as _____, which contract is contingent upon buyer receiving approval for a liquor license to operate the business.

Seller and buyer agree to allow buyer to operate the business, subject to approval by the Nebraska Liquor Control Commission, (NLCC) for a period not to exceed 90 days no extensions.

☐ The purchaser shall supply the commission with documentation (statement from the wholesaler indicating balance is zero owed) from the seller that the seller is current on all accounts with any wholesaler under section 53-123.02.



Signature of seller

x 

Signature of buyer *mlc. llc.*

State of Nebraska

County of Douglas

The forgoing instrument was acknowledge before
me this August 10, 2010
Date



Notary Public Signature

State of Nebraska

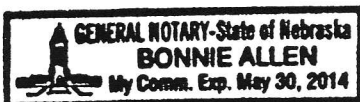
County of Douglas

The forgoing instrument was acknowledge before
me this August 10, 2010
Date

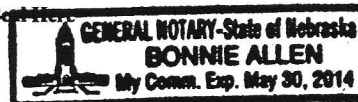


Notary Public Signature

Affix Seal Here



Affix Seal Here



CustomerID

08/13/2009

08/14/2010

☐ Detailed View

Search

Print

Name **CRABBY BILLS SEAFOOD SHACK

YTD Sales

0

Currently Delq.

NO

Last Payment: 168.13

DBA CRABBY BILLS SEAFOOD SHACK

Credit Limit

Unlimited

Open Order 0

Payment Date: 4/12/2010

Address 803 Q STREET LINCOLN,

Credit Available

Unlimited

Terms C O D

Last Invoice: 280.20

Invoice#

Order Type

Transaction Status

Open

Invoice Date: 11/30/2009

Customer Inquiry

as of 8/13/10

Vondra

Current	1-30	31-60	61-90	91-120	121+
0	0	0	0	0	0

Un-Applied Credits 0

Net Due 0

OK

Cancel

Apply

RNDC-NEBRASKA
4444 SOUTH 94TH ST
P.O. BOX 24265
OMAHA, NE 68127-1287

ACCOUNTS RECEIVABLE INQUIRY

Cust: CRABBY BILL'S *COLLECTIONS Cty: LINCOLN Lmt 0
 Company-1: 19999 19999 19999 19999 19999 19999 19999 Company-3: 39999 39999
 Company-2: 29999 29999 29999 29999 29999 29999 29999 Company-4: 49999 49999
 Telephone: 402-435-3888 Terms: COD Sales YTD: .00
 Fax: email:
 Position to date..... 0/00/00 Suspension CD: Balance: .00
 Position to invoice... In-Hand: .00
 1=View Payment Detail Lic# IWL#: (Disputed: .00
Invoice Inv Date Type Amount Payment Due Date Amt Open Balance

F3=Exit F10=Additional Info F11=Aging Info F12=Previous F16=Diary
 No records are in the file.

**APPLICATION FOR LIQUOR LICENSE
CATERING LICENSE**

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.lcc.ne.gov

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**NEBRASKALIQUOR
CONTROL COMMISSION**

FEE \$100.00

A catering license allows a retail licensee to deliver, sell or dispense alcoholic liquors, including beer, for consumption at a location designated on a Special Designated License (SDL). The catering license is renewed in the same manner and time as the retail license held by the licensee. A licensee shall not cater an event unless a SDL has been obtained. *An applicant seeking a SDL must be filed with the local governing body where the event is to be held at least 21 days prior to the event.* The application must then be filed with the Commission ten working days prior to the event. The local or county approval and law enforcement notification letter must accompany the SDL when submitted to the Commission. The \$40 per day license fee is waived for the holder of a catering license and the number of events allowed is unlimited.

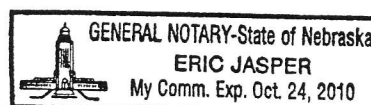
CLASS OF LICENSE AND NUMBER being processed
NAME OF LICENSEE Brix & Stone gastropub LLC
TRADE NAME Steven L. Davison
PREMISE ADDRESS 803 Q St #150
CITY/STATE/ZIP CODE Lincoln, NE 68508

A copy of your application for a catering license will be forwarded to the local governing body for recommendation Neb.rev.state., the Liquor Commission shall set for hearing any application receiving local governing body denial, a citizens protest or having statutory problems discovered by the Commission. If the local governing body does not make a recommendation, the Commission may approve or deny the issuance of a license. Catering licenses shall be delivered to the licensee in the same manner as provided in subsection (4) of Neb. rev. state., for delivery of licenses.

St L Davison
Signature of Licensee

Subscribed in my presence and sworn to before me this 11 day of August 2010

[Signature]
Notary Public Signature & Seal



**MANAGER APPLICATION
INSERT - FORM 3c**

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.lcc.ne.gov

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**NEBRASKA LIQUOR
CONTROL COMMISSION**

Corporate manager, including spouse, are required to adhere to the following requirements
If spouse filed affidavit of non-participation fingerprints and proof of citizenship not required

- 1) Must be a citizen of the United States
- 2) Must be a Nebraska resident (Chapter 2 - 006)
- 3) Must provide a copy of birth certificate, naturalization paper or US passport
- 4) Must submit their fingerprints (2 cards per person)
- 5) Must be 21 years of age or older
- 6) Applicant may be required to take a training course

BC
voter reg

Corporation/Limited Liability Corporation (LLC) information

Name of Corporation/LLC: Brix & Stone gastropub LLC

Premise information

Premise License Number: _____
(if new application leave blank)

Premise Trade Name/DBA: Brix & Stone Gastropub

Premise Street Address: 803 Q Street Suite #150

City: Lincoln State: Ne Zip Code: 68508

Premise Phone Number: 402-438-0190

The individual whose name is listed in the president or contact member category on either insert form 3a or 3b must sign their name below.

Katherine K.D.O.

CORPORATE OFFICER SIGNATURE

(Faxed signatures are acceptable)

Manager's information must be completed below PLEASE PRINT CLEARLY

Gender: ☐ MALE ☒ FEMALE

Last Name: Davison First Name: Marci MI: R

Home Address (include PO Box if applicable): 8445 Augusta Dr.

✓ City: Lincoln State: Ne Zip Code: 68526

Home Phone Number: 402-486-4692 Business Phone Number: 402-489-0005

Social Security Number: _____ Drivers License Number & State: _____

Date Of Birth: _____ Place Of Birth: Oklahoma City OK

Are you married? If yes, complete spouse's information (Even if a spousal affidavit has been submitted)

✓ ☐ YES

☒ NO

Spouse's information

Spouses Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ Drivers License Number & State: _____

Date Of Birth: _____ Place Of Birth: _____

APPLICANT AND SPOUSE MUST LIST RESIDENCE(S) FOR THE PAST 10 YEARS

APPLICANT

SPOUSE

CITY & STATE	YEAR FROM	TO	CITY & STATE	YEAR FROM	TO
Lincoln	1999	present			
Ogallala	2007	2008			

MANAGER'S LAST TWO EMPLOYERS

YEAR FROM	TO	NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
2007	2008	Golden Spur	Steve Davison	308-289-1401
2008	present	Carmela's Bistro	" "	

Manager and spouse must review and answer the questions below
PLEASE PRINT CLEARLY

1. READ PARAGRAPH CAREFULLY AND ANSWER COMPLETELY AND ACCURATELY.

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

☐ YES

☒ NO

If yes, please explain below or attach a separate page.

2. Have you or your spouse ever been approved or made application for a liquor license in Nebraska or any other state? **IF YES**, list the name of the premise.

☐ YES

☒ NO

3. Do you, as a manager, have all the qualifications required to hold a Nebraska Liquor License? Nebraska Liquor Control Act (§53-131.01)

☒ YES

☐ NO

4. Have you filed the required fingerprint cards and **PROPER FEES** with this application? (The check or money order must be made out to the Nebraska State Patrol for \$38.00 per person)

☒ YES

☐ NO

prints enclosed

5. List the training and/or experience (when and where)

Date:	Where:
2007-2008	Golden Spur Ogallala
2008-present	Carmela's Bistro & Wine Bar

PERSONAL OATH AND CONSENT OF INVESTIGATION

The above individual(s), being first duly sworn upon oath, deposes and states that the undersigned is the applicant and/or spouse of applicant who makes the above and foregoing application that said application has been read and that the contents thereof and all statements contained therein are true. If any false statement is made in any part of this application, the applicant(s) shall be deemed guilty of perjury and subject to penalties provided by law. (Sec §53-131.01) Nebraska Liquor Control Act.

The undersigned applicant hereby consents to an investigation of his/her background including all records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant and spouse waive any rights or causes of action that said applicant or spouse may have against the Nebraska Liquor Control Commission and any other individual disclosing or releasing said information to the Nebraska Liquor Control Commission.

The undersigned understand and acknowledge that any license issued, based on the information furnished in this application, is subject to cancellation if the information contained herein is incomplete, inaccurate, or fraudulent.

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AUG 11 2010

**NEBRASKALIQUOR
CONTROL COMMISSION**

✓
Marci R. Davison

Signature of Manager Applicant

Signature of Spouse

State of Nebraska

County of

Lancaster

County of

The foregoing instrument was acknowledged before me this August 11 2010 by

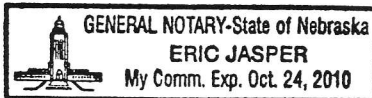
The foregoing instrument was acknowledged before me this _____ by

Marci R. Davison

Notary Public signature

Notary Public signature

Affix Seal Here



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✓
In compliance with the ADA, this manager insert form 3c is available in other formats for persons with disabilities. A ten day advance period is required in writing to produce the alternate format.

Revised 9/2008

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CERTIFICATE OF LIVE BIRTH

STATE OF OKLAHOMA - DEPARTMENT OF HEALTH

NEBRASKALIQUEUR
CONTROL COMMISSION

135 - 78

LOCAL REG. NO.		STATE FILE NO.	
1. CHILD		2. DATE OF BIRTH	
First Middle Last		Month Day Year	
Maree Renee Delapoa		8:22	
3. SEX		4. THIS BIRTH	
Female		SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	
5. IS TWIN OR TRIPLET, WAS CHILD BORN		6. COUNTY OF BIRTH	
1st <input type="checkbox"/> 2d <input type="checkbox"/> 3d <input type="checkbox"/>		Oklahoma	
7. CITY, TOWN, OR LOCATION OF BIRTH		8. HOSPITAL - NAME (If not in hospital, give street and number)	
Oklahoma City		Mercy Health Center	
9. MOTHER		10. AGE (at time of this birth)	
First Middle Last		23	
Katherine Kay Orrell		Nebraska	
11. RESIDENCE - STATE		12. COUNTY	
Oklahoma		Oklahoma	
13. CITY, TOWN, OR LOCATION		14. INSIDE CITY LIMIT	
Oklahoma City		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
15. STREET ADDRESS		16. BIRTHPLACE (State or foreign country)	
6118 N. McFarlane		Nebraska	
17. FATHER		18. AGE (at time of this birth)	
First Middle Last		24	
Steven Lynn Davison		Nebraska	
19. INFORMANT		20. IF UNABLE TO OBTAIN ONE OF PARENTS SIGNATURE, STATE REASON THEREFORE	
SIGNATURE OF EITHER PARENT			
Katherine Kay Orrell			
21. MOTHER'S MAILING ADDRESS		22. DATE TEST MADE	
STREET or R.F.D. NO. POSTOFFICE STATE ZIP CODE NO.		9/20/78	
6118 N. McFarlane, Apt. 175, Oklahoma City, Oklahoma 73112			
23. WAS BLOOD OF THIS CHILD'S MOTHER TESTED FOR SYPHILIS?		24. IF NO TEST, STATE REASON THEREFORE	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
25. WEIGHT OF CHILD AT BIRTH		26. WAS PROPHYLACTIC DRUG USED IN BABY'S EYES?	
5 LBS. 7 OZS.		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
27. SIGNATURE OF ATTENDANT		28. DATE SIGNED	
Dr. Kerry Cramer		9-21-78	
29. ADDRESS OF ATTENDANT		30. ATTENDANT AT BIRTH	
STREET or R.F.D. NO. POSTOFFICE STATE ZIP CODE NO.		M.D. <input checked="" type="checkbox"/> D.O. <input type="checkbox"/> D.C. <input type="checkbox"/> Midwife <input type="checkbox"/> Other <input type="checkbox"/> (Specify)	
2915 Pine Ridge Road, Oklahoma City, Oklahoma 73120			
31. DATE REC'D. BY LOCAL REG.		32. DATE RECEIVED BY STATE REGISTRAR	
SEP 27 1978		SEP 27 1978	
33. THIS LINE FOR USE OF STATE REGISTRAR		34. AUTHORITY	
22a. DATE CORRECTION MADE 3-13-79		Hosp. State.	
22b. NO. OF CORRECTIONS 41		35. CLERK dm	



State Department of Health

CERTIFIED COPY MUST
VALIDATED IN THREE COLUMNS

ROGER C. PIRRONG

STATE REGISTRAR OF VITAL STATISTICS

State of Oklahoma

OKLAHOMA CITY OKLAHOMA 73152

I hereby certify the foregoing to be a true and correct copy, original of which is on file

**APPLICATION FOR LIQUOR LICENSE
LIMITED LIABILITY COMPANY (LLC)
INSERT - FORM 3b**

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.lcc.ne.gov

Office Use

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**NEBRASKALIQUOR
CONTROL COMMISSION**

- 1) All members and spouses must be listed
- 2) Managing member or contact member must sign
- 3) Managing member and spouse must file fingerprint cards.
Spouse may file affidavit of nonparticipation in lieu of fingerprint cards.

Attach copy of Articles of Organization (Articles must show barcode receipt by Secretary of States office)

Name of Registered Agent: Steven L. Davison

Name of Limited Liability Company that will hold license as listed on the Articles of Organization

Brix & Stone Gastropub LLC

LLC Address: 803 Q St. #150

City: Lincoln State: NE Zip Code: 68508

LLC Phone Number: (402) 438-0190 LLC Fax Number: _____

Name of Managing/Contact Member

Name and information of contact member must be listed on following page

Last Name: DAVISON First Name: Steven MI: L

Home Address: 820 N. Spruce City: Ogallala

State: NE Zip Code: 69153 Home Phone Number: (308) 289-3289

St L Davison

Signature of Managing/Contact Member

State of Nebraska

County of Lancaster

The foregoing instrument was acknowledged before me this

Aug 11, 2010

date

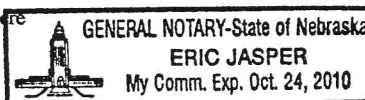
by

St L Davison Steven L. Davison

name of person acknowledged

[Signature]
Notary Public signature

Affix Seal Here



List names of all members and their spouses (even if a spousal affidavit has been submitted)

Last Name: DAVISON First Name: Steven MI: L
Social Security Number: _____ Date of Birth: _____
Spouse Full Name (indicate N/A if single): Katherine Kay Davison
Spouse Social Security Number: _____ Date of Birth: _____
Percentage of member ownership 50%

reg voter
prints
signed

Last Name: DAVISON First Name: Katherine MI: H
Social Security Number: _____ Date of Birth: _____
Spouse Full Name (indicate N/A if single): Steven Lynn Davison
Spouse Social Security Number: _____ Date of Birth: _____
Percentage of member ownership 50%

reg voter
prints
signed

Last Name: _____ First Name: _____ MI: _____
Social Security Number: _____ Date of Birth: _____
Spouse Full Name (indicate N/A if single): _____
Spouse Social Security Number: _____ Date of Birth: _____
Percentage of member ownership _____

Last Name: _____ First Name: _____ MI: _____
Social Security Number: _____ Date of Birth: _____
Spouse Full Name (indicate N/A if single): _____
Spouse Social Security Number: _____ Date of Birth: _____
Percentage of member ownership _____

STATE OF NEBRASKA

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DATE OF ISSUANCE

03/22/2005

LINCOLN, NEBRASKA

Stanley S. Cooper
STANLEY S. COOPER
ASSISTANT STATE REGISTRAR
HEALTH AND HUMAN SERVICES

STATE OF NEBRASKA DEPARTMENT OF HEALTH Bureau of Vital Statistics CERTIFICATE OF LIVE BIRTH

BIRTH NO. 126.....

HS-766(VS)
REV. 1-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

1. PLACE OF BIRTH a. COUNTY <u>Keith</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Nebraska</u> b. COUNTY <u>Keith</u>	
b. CITY (If outside corporate limits, write RURAL) OR TOWN <u>Ogallala</u>		c. CITY (If outside corporate limits, write RURAL) OR TOWN <u>Ogallala</u>	
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Ogallala Community Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>East 4th Street</u>	
3. CHILD'S NAME (Type or print) a. (First) <u>STEVEN</u> b. (Middle) <u>LYNN</u> c. (Last) <u>DAVISON</u>			
4. SEX <u>Male</u>	5a. THIS BIRTH Single <input checked="" type="checkbox"/> Twin <input type="checkbox"/> Triplet <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/>	6. DATE OF BIRTH (Month) (Day) (Year)

FATHER OF CHILD

7. FULL NAME a. (First) <u>Clarence</u> b. (Middle) <u>Roger</u> c. (Last) <u>Davison</u>		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) <u>29</u> Yrs.	10. BIRTHPLACE (City, town, or county) (State or foreign country) <u>Ogallala, Nebraska</u>	11a. USUAL OCCUPATION <u>Carpenter</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Contractor</u>

MOTHER OF CHILD

12. FULL MAIDEN NAME a. (First) <u>Doris</u> b. (Middle) <u>Imogene</u> c. (Last) <u>Hallsback</u>		13. COLOR OR RACE <u>White</u>	
14. AGE (At time of this birth) <u>23</u> Yrs.	15. BIRTHPLACE (City, town, or county) (State or foreign country) <u>Norton County, Kansas</u>	16. Children Previously Born to This Mother (Do NOT include this child) a. How many OTHER children are now living? <u>3</u> b. How many OTHER children were born alive but are now dead? <u>0</u> c. How many children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u>	
17. INFORMANT'S SIGNATURE OR NAME—Relationship <u>Mrs. Clarence Davison, Mother</u>			

18a. SIGNATURE <i>[Signature]</i>		18b. ATTENDANT AT BIRTH M.D. <input type="checkbox"/> Midwife <input type="checkbox"/> Other (Specify) <u>[Signature]</u>	
18c. ADDRESS <u>Ogallala</u>		19. MOTHER'S MAILING ADDRESS <u>East 4th Street, Ogallala, Nebraska</u>	
20. DATE REC'D BY LOCAL REG. <u>NOV 28 1953</u>		21. REGISTRAR'S SIGNATURE <i>[Signature]</i>	

OK

STATE OF NEBRASKA

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LINCOLN, NEBRASKA

Stanley S. Cooper
STANLEY S. COOPER
ASSISTANT STATE REGISTRAR
HEALTH AND HUMAN SERVICES

RECEIVED

AUG 11 2010

NEBRASKA LIQUOR
CONTROL COMMISSION

IS-795(VS)
REV. 4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

STATE OF NEBRASKA
DEPARTMENT OF HEALTH
Bureau of Vital Statistics
CERTIFICATE OF LIVE BIRTH BIRTH NO. 126 ⁵⁴

1. PLACE OF BIRTH a. COUNTY DAWES		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE NEBRASKA b. COUNTY DAWES	
b. CITY (If outside corporate limits, write RURAL) OR TOWN CHADRON, NEBRASKA		c. CITY (If outside corporate limits, write RURAL) OR TOWN CHADRON,	
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION CHADRON MUNICIPAL		d. STREET ADDRESS (If rural, give location) 418 SHELTON ST.,	
3. CHILD'S NAME (Type or print)			
a. (First) KATHERINE		b. (Middle) KAY	
		c. (Last) ORRELL	
4. SEX F	5a. THIS BIRTH Single <input checked="" type="checkbox"/> Twin <input type="checkbox"/> Triplet <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/>	6. DATE OF BIRTH (Month) (Day) (Year) 0-6-40
7. FULL NAME a. (First) JOHN b. (Middle) STANLEY c. (Last) ORRELL d. COLOR OR RACE W			
8. AGE (At time of this birth) 18 Yrs.	9. BIRTHPLACE (City, town, or county) (State or foreign country) IMPERIAL, NEBRASKA	10a. USUAL OCCUPATION 3	10b. KIND OF BUSINESS OR INDUSTRY SERVICE STATION ATTENDANT
MOTHER OF CHILD			
11. FULL MAIDEN NAME a. (First) MAXINE b. (Middle) MAE c. (Last) KRAMER		12. COLOR OR RACE W	
13. AGE (At time of this birth) 18 Yrs.	14. BIRTHPLACE (City, town or county) (State or foreign country) CULBERTSON, NEBRASKA	15. Children Previously Born to This Mother (Do NOT include this child) a. How many OTHER children are now living? 0 b. How many OTHER children were born alive but are now dead? 0 c. How many children were stillborn (born dead after 20 weeks pregnancy)? 0	
16. INFORMANT'S SIGNATURE OR NAME—Relationship MRS. JOHN ORRELL MOTHER			
17. SIGNATURE <i>Stanley S. Cooper</i>		18. ATTENDANT AT BIRTH M. D. <input checked="" type="checkbox"/> Midwife <input type="checkbox"/> Other (Specify)	
19. CAUTION <i>Chadron Nebraska</i>		19. MOTHER'S MAILING ADDRESS 418 SHELTON, ST., CHADRON, NEBRASKA	
20. DATE RECD BY LOCAL OFFICE DEC 20 1954		21. REGISTRAR'S SIGNATURE <i>Roselyn Mackey</i>	

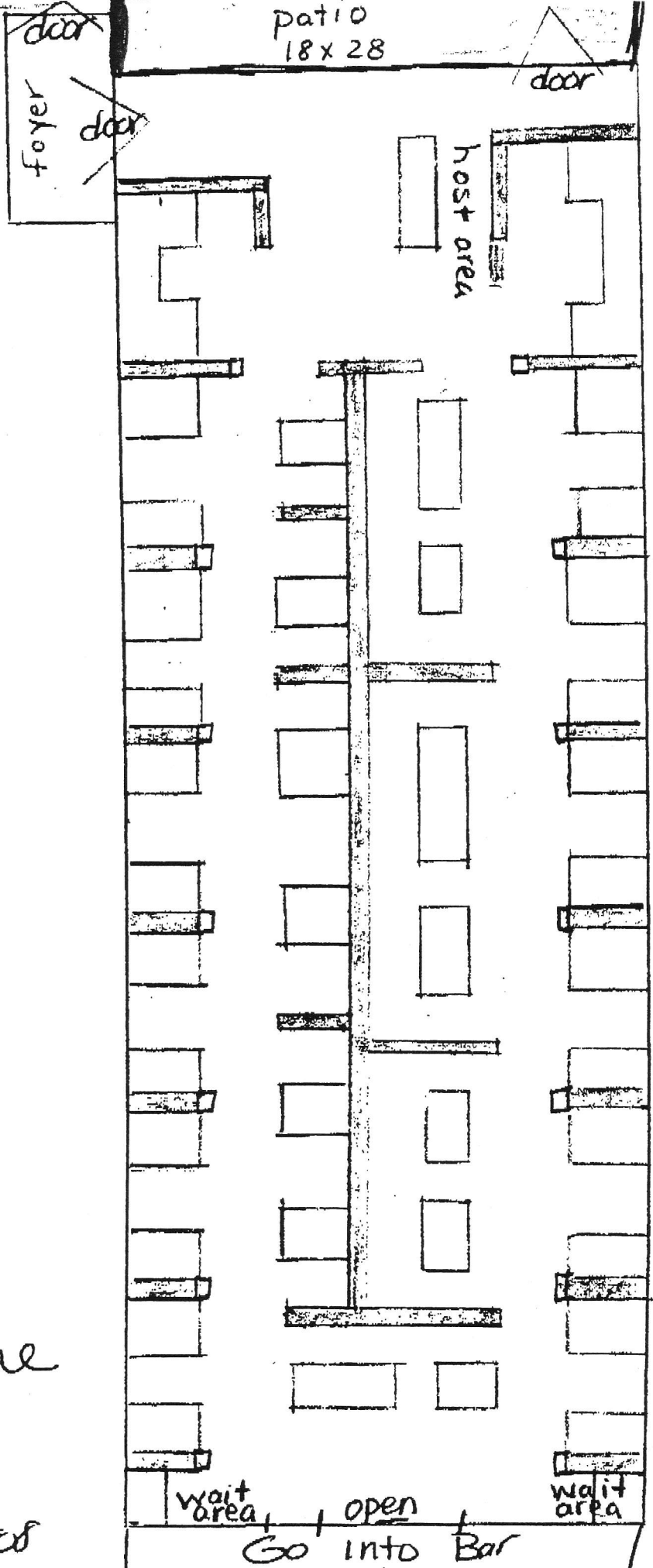
I hereby certify that
this child was born alive
on the date stated above
8:22 A.M. m.

patio
fenced
out

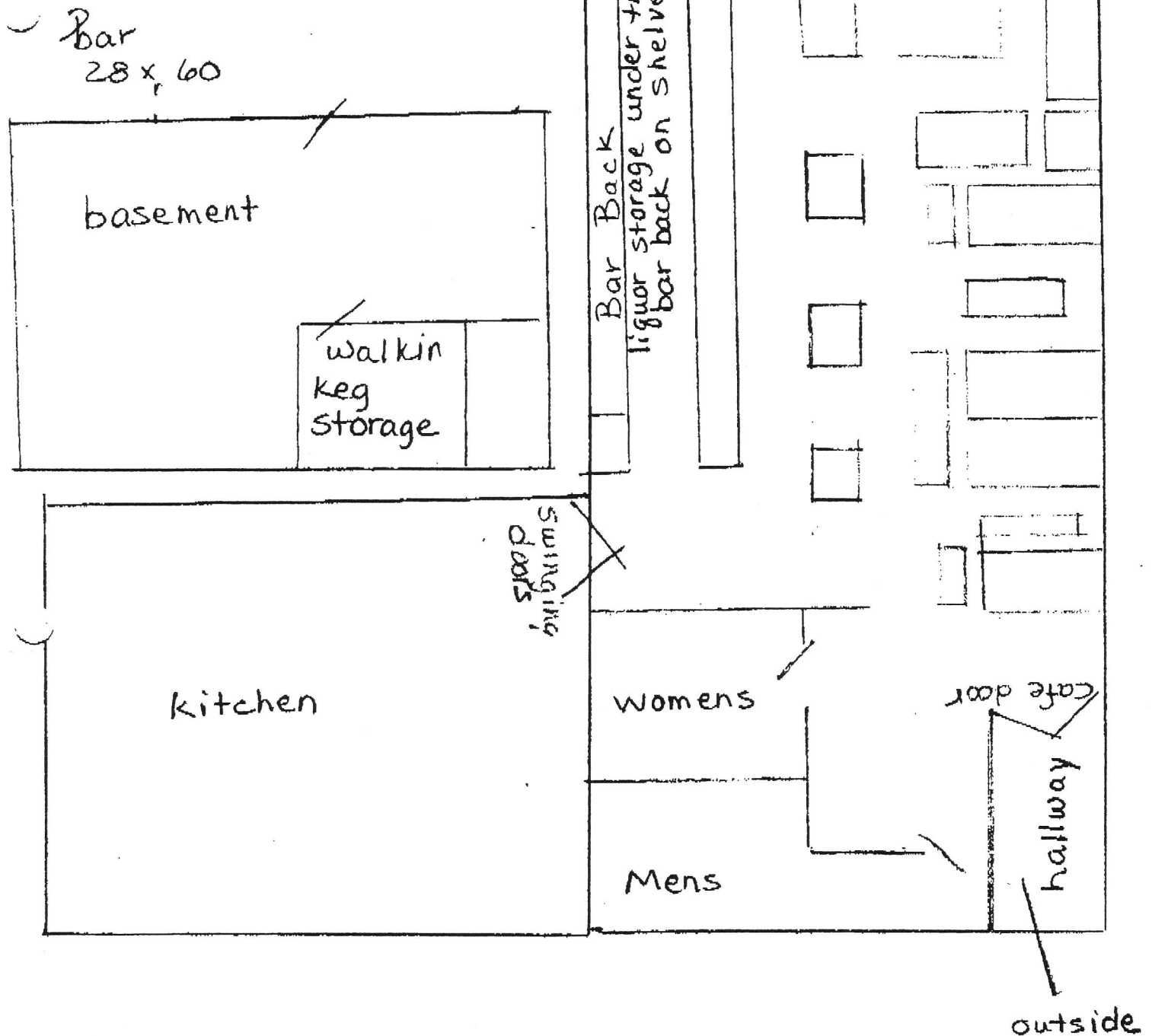
patio
18x28

decorative booth dividers

restaurant
28 x 80



Brix & Stone
Gastropub
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Lincoln, Ne 68508



Brix & Stone

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803 Q Street Suite 150

Lincoln, NE 68508